Application Data Sheet

Application Information

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?::

| Application number:: | |
|----------------------------------|---|
| Filing Date:: | 04/23/04 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | Novel Benzothiepines Having Activity as Inhibitors of Ileal Bile Acid Transport and Taurocholate Uptake |
| Attorney Docket Number:: | 161765.00040 |
| Request for Early Publication?:: | NO |
| Request for Non-Publication?:: | NO |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | |
| Small Entity?:: | NO |
| Latin name:: | |
| Variety denomination name:: | |
| Petition included?:: | NO |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |

NO

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Len Middle Name:: F.

Family Name:: Lee

Name Suffix::

)

City of Residence:: St. Louis

State or Province of Residence:: MO

Country of Residence:: US

Street of mailing address:: 800 North Lindbergh

City of mailing address:: St. Louis

State or Province of mailing address:: MO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 63167

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Shyamal

Middle Name:: C.

Family Name:: Banerjee

Name Suffix::

City of Residence:: St. Louis

State or Province of Residence:: MO

Country of Residence:: US

Street of mailing address:: 800 North Lindberg

City of mailing address:: St. Louis

State or Province of mailing address:: MO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 63167

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Taiwan

Status:: Full Capacity

Given Name:: Horng-Chih

Middle Name::

)

Family Name:: Huang

Name Suffix::

City of Residence:: St. Louis

State or Province of Residence:: MO

Country of Residence:: US

Street of mailing address:: 800 North Lindberg

City of mailing address:: St. Louis

State or Province of mailing address:: MO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 63167

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Taiwan

Status:: Full Capacity

Given Name:: Horng-Chih

Middle Name::

Family Name:: Huang

Name Suffix::

City of Residence:: St. Louis

State or Province of Residence:: MO

Country of Residence:: US

Street of mailing address:: 800 North Lindberg

3

City of mailing address:: St. Louis

State or Province of mailing address:: MO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 63167

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jinglin

Middle Name:: J. Family Name:: Li

Name Suffix::

Ş

City of Residence:: St. Louis

State or Province of Residence:: MO
Country of Residence:: US

Street of mailing address:: 800 North Lindberg

City of mailing address:: St. Louis

State or Province of mailing address:: MO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 63167

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Raymond

Middle Name:: E.

Family Name:: Miller

Name Suffix::

City of Residence:: St. Louis

State or Province of Residence:: MO

Country of Residence:: US

Street of mailing address:: 800 North Lindberg

City of mailing address:: St. Louis

State or Province of mailing address:: MO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 63167

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: B.

Family Name:: Reitz

Name Suffix::

7

City of Residence:: St. Louis

State or Province of Residence:: MO

Country of Residence:: US

Street of mailing address:: 800 North Lindberg

City of mailing address:: St. Louis

State or Province of mailing address:: MO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 63167

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Samuel

Middle Name:: J.

Family Name::

Tremont

Name Suffix::

City of Residence::

St. Louis

State or Province of Residence::

MO

Country of Residence::

US

Street of mailing address::

800 North Lindberg

City of mailing address::

St. Louis

State or Province of mailing address::

MO

Country of mailing address::

US

Postal or Zip Code of mailing address:: 63167

Correspondence Information

Correspondence Customer Number::

22907

Representative Information

Representative Customer Number::

22907

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-----------------------|-------------------------|----------------------|----------------------|
| This application is a | Division of | 10/068,297 | 02/08/02 |
| Which is | Division of | 09/828,968 | 04/09/01 |
| which is | Continuation of | 09/443,403 | 11/19/99 |
| which is | Continuation of | 09/275,463 | 03/24/99 |
| which is | Continuation-in-part of | 09/109,551 | 07/02/98 |
| which is | Continuation-in-part of | 08/816,065 | 03/11/97 |
| which is | Non-provisional of | 60/013,119 | 03/11/96 |
| and 09/109,551 | Continuation-in-part of | 08/831,284 | 03/31/97 |
| which is | Continuation of | 08/517,051 | 08/21/95 |
| which is | Continuation-in-part of | 08/305,526 | 09/13/94 |

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------|--------------------|----------------------|----------------------|
| and 09/109,551 | Non-provisional of | 60/068,170 | 12/19/97 |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee name:: G.D. Searle & Company

Street of mailing address:: 5200 Old Orchard Road

City of mailing address:: Skokie

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60077